

Best Available Copy

To: Mr. Weddington
(541) 273 0587

From: Mo Shahinpoor

Phone: (505) 265 4479

Cell: (505) 975 0888

Re: 11,16,05 Correspondence,
4 pages

Dear Mr. Weddington:

Sorry for my belated response.
I had a hard time finding the carbon
copy of the check. Here they are.
Thank you for your kind
considerations.

Best regards,
Mo Shahinpoor
5/11/06

PATENT APPLICATION**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Mohsen Shahinpoor, Parsa
Shahinpoor, & David Soltanpour Art Unit: 1614

Serial No. : 10/064,627 Examiner: Kevin E. Weddington

Filed : July 31, 2002 Docket No.: 2002-4-MO

For : Nitric Oxide (NO) Donor+cGMP-PDE5 Inhibitor As A Topical Drug For
Glaucoma

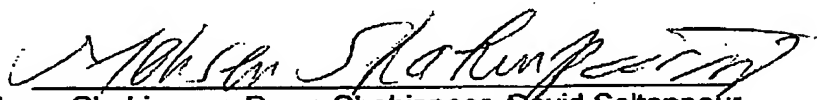
RESPONSE TO OFFICE ACTION

ATTN: COMMISSIONER FOR PATENTS
Art Unt 1614
PO BOX 1450
ALEXANDRIA, VA 22313-1450

Sir:

This paper is in response to the office action dated November 4, 2005. A check for \$225 dollars (\$75 for claims over 20, \$180 for multiple claims) is enclosed. Please amend the application, without prejudice, as follows: I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: ATTN:

Commissioner for Patents, PO Box 1450,
Alexandria, VA 22313-1450 on the 16th day
of ____ November ____, 2005.


Mohsen Shahinpoor, Parsa Shahinpoor, David Soltanpour
Date Signed: October 4, 2005



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/064,627	07/31/2002	Mohsen Shahinpoor	GED-1	8855
27232	7590	11/04/2005	EXAMINER	
MOHSEN SHAHINPOOR 909 VIRGINIA, NE, SUITE 205 ALBERQUERQUE, NM 87108			WEDDINGTON, KEVIN E	
			ART UNIT	PAPER NUMBER
			1614	

DATE MAILED: 11/04/2005

Please find below and/or attached an Office communication concerning this application or proceeding.


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address : COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
10/064627	7-31-02		GEO-1

27232
 Mohsen Shahinpoor
 909 Virginia NE, Suite 205
 Albuquerque NM 87108

EXAMINER	
Kevin Weddington	
ART UNIT	PAPER NUMBER
1614	

DATE MAILED:

11-3-05

INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☒ the amendment filed 10-13-05 is indicated below.

A. FEE DUE

- ☐ The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.
- ☐ The amendment is considered an incomplete response, in that payment of \$ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
- ☐ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.

- ☐ The filing fee of \$ _____ submitted in this application is insufficient.

A balance of \$ _____ is due for additional claims.

- ☒ The Applicant gave authorization to charge, but there is no Deposit Account Number given.

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, \$75.00 for claims over 20
 OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER,
 WITHIN WHICH TO REMIT THE FEE OF \$255.00 for multiple claims

B. EXCESS PAYMENT:

- ☐ It is noted that payment of \$ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

 CLERK OF GROUP